

**Form
ST-103DR**SF# 51068
(R3 / 1-08)**Indiana Department of Revenue
Recap of Prepaid Sales Tax by Distributors****IMPORTANT:** This form must be filed even when no transactions have occurred.

1. Taxpayer Identification Number (TID)	2. For Tax Period (month/year) /	3. Federal Identification Number (FID)
4. Taxpayer Name	5. Doing Business as Name (DBA)	6. Telephone Number () -
7. Street Address, City, State, Zip Code		8. Gasoline Distributor Status (Check One) Qualified Distributor <input type="checkbox"/> Non-Qualified Distributor <input type="checkbox"/>
9. Which sales tax return are you filing (Check One) ST-103 <input type="checkbox"/> ST-103MP <input type="checkbox"/> None <input type="checkbox"/>		

NOTE: THIS FORM MUST BE PRINTED OR TYPED**Section I: From Whom Did You Buy Fuel?**

10. Name of Supplier	11. Address of Supplier	12. Supplier Federal ID	13. Total Gallons Purchased	14. Prepaid Sales Tax Paid to Supplier
Note: You Must Complete BOTH Sides of this Form		15. Grand Totals	a	b

Instructions for Section I

1. Provide your Indiana Taxpayer Identification Number (TID).
2. What Tax Period (month/year) **Note:** This report is due the last day of the month following the reporting period.
3. Enter your Federal Identification Number (FID).
4. Provide the Taxpayer's legal name.
5. List the Doing Business as Name for your company.
6. Please list your company's telephone number including area code.
7. Provide your business address.
8. Check your Distributor Status.
9. Check which tax return you are filing.
10. List the names of the companies you purchase from.
11. List the address of the companies you purchase from.
12. List your supplier's Federal Identification Number.
13. List total gallons purchased from each supplier.
14. Provide the amount of prepaid sales tax you paid each supplier.
15. Total the number of gallons purchased and the amount of prepaid sales tax paid for the reporting month.

This report must be filed MONTHLY. It is due on the last day of the month following the reporting period.A ☐ Please check this box if your business has permanently closed and provide the closed date. ____/____/____

SECTION II	To Whom Did You Sell Fuel?
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All Gallons EXEMPTED and TAXED must be shown	22. Total	a	b	c
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Instructions for Section II

16. List your Customer's Name. (Attach additional sheets if necessary).
17. List your Customer's Address.
18. List your Customer's Federal ID Number.
19. List the total gallons of gasoline sold for this month to each customer.
20. List the total tax exempt gallons sold to each customer.

21. List the total amount of Prepaid Sales Tax collected for this month from each customer.
22. Total the amounts of all columns and give the total gallonage and amount collected here.

Mail to: Indiana Department of Revenue
Excise Tax
P.O. Box 6114
Indianapolis, IN 46206-6114

I declare, under penalties of perjury that this is a true, correct and complete report.

B

Printed Name

Authorized Signature

C

Title

Date